

<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="text-align: center;"> SERIAL NO. 09/623952 </div> <div style="text-align: center;"> FILING DATE </div> </div>						
CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1					51
2						52
3	1					53
4	1					54
5	1					55
6	1					56
7	1					57
8	1					58
9	1					59
10	1					60
11	1					61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	2					TOTAL IND.
TOTAL DEP.	11					TOTAL DEP.
TOTAL CLAIMS	13					TOTAL CLAIMS